



**PARENT-GROUP-LEADER TRAINING
Incredible Years Supplemental Training Day Evaluation**

Mentor/Trainer Name: _____

Participant Name: _____ **(optional)**

Date: _____

Thank you for your involvement in preparing for this training day. We hope you will have found this “experiential learning” process helpful to introducing you to using the new vignettes and group methods in the revised IY programs.

1. What part of the training day was most helpful to you? (e.g., practicing using new videos, gaining feedback from colleagues or mentor etc.)

2. I feel the value of observing other group leaders “model” how to deliver this program was:

very poor slightly useful useful extremely useful

3. I feel the mentor/trainer’s leadership skill was

very poor below average average above average

4. I feel the group discussion and feedback was:

very poor slightly useful useful extremely useful

5. Do you think the training day helped you feel confident in leading the updated Incredible Years Parenting Program?

not at all slightly confident confident very confident

Other Wishes for Areas to Cover in Future Consultation Days